

Professional Development Committee
Marriott West - Richmond, Virginia
April 9, 2008
10:30 am

Members Present:	Members Absent:	Staff:	Others:
Randy Abernathy – Chair Dave Cullen Donna Hurst Billy Altman Dr. Charles Lane Kathy Eubank Holly Frost Jeffrey Reynolds Nicolas Klimenko		Warren Short Thomas Nevetral Greg Neiman Chad Blosser	Tom Jarman Joe Melvin Mel Losic Teresa Ashcraft David Bishop Dian Hutchison Debbie

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at 10:40 am	
II. Introductions	Members of the Committee and guests introduced themselves.	
III. Approval of Agenda	The Committee reviewed the Agenda for today's meeting (Attached)	Approved as presented by General Consent
IV. Approval of Minutes	Reviewed the minutes of the January 9, 2008 meeting (ATTACHMENT: A)	Stand as presented by General Consent
V. Reports of Committee Members	<ul style="list-style-type: none"> a. Officer Reports – FYI - Two Vacant Seats on the National Registry Board of Directors contact Randy Abernathy or NR for more information on application. JEMS Conference in Baltimore was well attended and had a lot of good information b. Reports of Committee Members David Edwards, EMS-C: New national measure is to encourage hours in pediatrics as part of recertification. No recommendation on minimum hours. c. Office of EMS <ul style="list-style-type: none"> i. Division of Educational Development-Warren Short <ul style="list-style-type: none"> 1. Staffing – Receptionist position – filled. Norma Howard will be returning to the DED section. 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>2. National EMS Education Standards – Draft 3.0 has been released. Comments on 3rd draft should be returned by the end of May. Final Draft to NHTSA in September. No real changes from Draft 2.0. Instructor Guidelines (IG) have not been updated as yet. IG is a temporary document that has been put in place to assist the publishers in writing content. The Committee discussed the emerging changes in EMS Education.</p>	<p>Motion by: Jeffrey Reynolds That PDC recommends to the MDC that a standard Virginia Scope of Practice be defined based on the National EMS Scope of Practice that defines maximum levels of practice for each certification level established in Virginia. The intent is to move Virginia in the direction of the National Model. Seconded By: Nick Klimenko</p> <p>Discussion</p> <p>Roll Call Vote:</p> <p>Edwards-Yes Frost-Yes Reynolds-Yes Klimenko-Yes Cullen-Yes Hurst-Yes Altman-Yes Eubank-Yes Lane-Yes</p> <p>Unanimously Approved</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> ii. ALS Training Specialist – Tom Nevetral <ul style="list-style-type: none"> 1. NREMT/CBT – Minimal Issues. If you are having issues, please contact Tom Nevetral or Heidi Irb at NR 2. Scope of Practice Impact Committee- Will be presenting information at the next Medical Direction Committee meeting. iii. BLS Training Specialist – Greg Neiman <ul style="list-style-type: none"> 1. EMS Instructor Updates – Only 5 updates scheduled for 2008. The first, April 8, 2008 6pm in the ODEMSA Region was well attended by around 50 Instructors/ALS Coordinators. We continue to work on placing the Update on VATrain, but do not have a rollout date. 2. EMS Instructor Institute – Next Practical is scheduled for April 12, 2008 in the WVEMS Council area, have 15 candidates registered. The next Institute is scheduled in conjunction with the VAVARS Rescue College at Virginia Tech June 14-18, 2008 iv. Funding and Accreditation <ul style="list-style-type: none"> 1. ALSTF- See Attachment (ATTACHMENT: B) Discussion about the new \$0.25 that was added to \$4 for Life and the Office’s proposal on how the money will be distributed towards Certification and Recertification of EMS Providers as approved by the General Assembly. 2. Accreditation Update – See Attachment (ATTACHMENT: C) 3. TRAINVirginia/Online CE – See Attachment (ATTACHMENT: D) v. Regulations – Michael Berg Working on the next version. Regulation and Policy Committee Meeting on April 22, 2008 to finalize a DRAFT to go forward to the Department of Health. vi. Beth Singer – Look for the next edition of the newsletter comin out near the end of the month. The Office has started a blog and is planning a podcast in the future. More info can be found at: www.virginiaems.wordpress.com 	
VI. Reports of Pilot Programs		
	<ul style="list-style-type: none"> a. Report from Pilot Steering Committee – Billy Altman – Chair Most of the Pilot Programs met last Wednesday, April 2, 2008. The Office ran a report which showed an overall increase in outcomes. Positive results have been reported from the programs. Have action item under New Business. 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>b. Competency Based EMT-B Program Pilots</p> <ul style="list-style-type: none"> i. Prince William County – Capt. Thomas Jarman/Lt. Joe Melvin. See Attachment (ATTACHMENT: E) ii. Roanoke Valley Regional Fire Training Center – Jonathon Blank: Had a overall 100% pass rate. Captive audience in the academy. iii. JSRCC- Hanover County – Mary Peyton Miller: In the last class had 14 Test, 12 passed first time. iv. TCC – Teresa Ashcraft: Overall they have seen higher pass rates although most of their students test out at National Registry immediately after the course and may or may not certify in Virginia (high military enrollment) Overall the Pilots have been taught 60% by non-EMT Instructors. <p>c. Rural Competency Based EMT-B Pilot</p> <ul style="list-style-type: none"> i. Connie Purvis – Amherst County 20 enrolled lost 4. Partnered with Amherst Public Safety. Established equipment stash. 100% pass rate ii. Gary Dalton-Did not hold a Pilot Course iii. Steve Puckett- Held 1 Pilot Course. Good results iv. Delbert Garrett – Did not hold a Pilot Course v. Monique Dixon – Did not hold a Pilot Course 	
VII. Ad-hoc Committee Reports	<p>BLS Curriculum Review – Linda Johnson – Chair – NO REPORT – Meeting from April 1, 2008 was rescheduled The Committee has added BLS Accreditation as a focus. BLS Certification Evaluators Committee – Linda Johnson – Chair – NO REPORT – Still on hold waiting for Test Committee EMS Instructor Credentialing Committee – Nick Klimenko – Chair – NO REPORT – Meeting from March 31, 2008 had to be rescheduled BLS Certification Test Committee – Jeffrey Reynolds – Chair. Committee met February 13 and March 19, 2008 and finalized presentation to PDC. Action item under New Business.</p>	
VIII. Previous Business	None	
IX. New Business	<p>a. Proposal from BLS Certification Test Committee</p> <p>Discussion</p>	<p>Motion from the BLS Certification Test Ad-hoc Committee to modify the EMT-B Practical Exam as presented (ATTACHMENT: F)</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p data-bbox="470 500 928 526">b. Proposal from Pilot Steering Committee</p> <p data-bbox="470 683 590 709">Discussion</p> <p data-bbox="470 1356 590 1382">Discussion</p>	<p data-bbox="1608 256 2007 347">Amendment by Kathy Eubank to state <i>no later than July 1, 2010</i> Unanimously approved</p> <p data-bbox="1608 378 1934 404">Vote to approve as amended</p> <p data-bbox="1608 440 1881 466">Unanimously Approved</p> <p data-bbox="1608 501 2007 651">Motion from the Pilot Steering Committee to accept the Competency Based EMT Program as an alternative program (ATTACHMENT: G)</p> <p data-bbox="1608 745 1881 771">Unanimously Approved</p> <p data-bbox="1608 807 2007 1261">Motion from the Billy Altman That Prince William County, Roanoke Valley Regional Training Center, Tidewater Community College, JSRCC Hanover County, Connie Purvis and Steve Puckett be allowed to continue this Pilot Program And providing continued information to the Office for statistical analysis And that any such programs must end upon adoption of the new OEMS Rules and Regulations currently being considered.</p> <p data-bbox="1608 1297 1955 1323">Seconded by Jeffery Reynolds</p> <p data-bbox="1608 1417 1965 1443">Motion unanimously approved</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
X. PDC Positions up for appointment	The following positions on PDC are up for appointment: Virginia Emergency Nurses Association – currently held by Donna Hurst (eligible for reappointment) Licensed Commercial EMS Agency or Commercial EMS Training Program Representative – currently held by Nicholas Klimenko (eligible for reappointment) The Office will be soliciting nominations to fill the open positions before the July meeting..	
XI. Public Comment	Connie Purvis shared a Hospital Clinical Guidebook from the BREMS Region	
XII. Dates for 2008 Meetings	Next PDC Meeting is scheduled for July 9, 2008, location TBA	
XIII. Adjourn	Motion to adjourn 2:59pm	

Professional Development Committee
Wednesday, April 9, 2008
Marriott West - Innsbrook
10:30 AM
Agenda

- I. Welcome**
- II. Introductions**
- III. Approval of Agenda**
- IV. Approval of Minutes from January 9, 2008**
- V. Reports of Committee Members**
 - a. Officer Reports
 - b. Reports of Committee Members
 - c. Office of EMS
 - i. Division of Educational Development-Warren Short, OEMS
 - 1. Staffing
 - 2. National EMS Education Standards (NEMSES) Draft 3.0
 - ii. ALS Training Specialist- Tom Nevetral, OEMS
 - 1. NREMT/CBT
 - 2. Scope of Practice Impact Committee
 - iii. BLS Training Specialist-Greg Neiman, OEMS
 - 1. EMS Instructor Updates
 - 2. EMS Instructor Institute
 - iv. Funding and Accreditation-Chad Blosser, OEMS
 - 1. ALSTF
 - 2. Accreditation Update
 - 3. TrainVA/Online CE
 - v. Regulations-Michael Berg
- VI. Reports of Pilot Programs**
 - a. Report from Pilot Steering Committee – Billy Altman - Chair
 - b. Competency Based EMT-B Program Pilot
 - i. Prince William County- Lt. Thomas Jarman
 - ii. Roanoke Valley Regional Fire Training Center-Dave Hoback
 - iii. JSRCC-Hanover County- B. Chief Wayne Woo
 - iv. TCC- Lorna Ramsey

(over)

- c. Rural Competency Based EMT-B Pilot
 - i. Connie Purvis
 - ii. Gary Dalton
 - iii. Steve Puckett
 - iv. Delbert Garrett
 - v. Monique Dixon
- VII. Ad Hoc Committee Reports**
 - a. BLS Curriculum Review – Linda Johnson-Chair
 - b. BLS Certification Evaluators Committee-Linda Johnson-Chair-NO REPORT
 - c. EMS Instructor Credentialing – Nick Kleminko-Chair
 - d. BLS Certification Test Committee-Jeff Reynolds-Chair
- VIII. Previous Business**
- IX. New Business**
 - a. Proposal from BLS Certification Test Committee
 - b. Proposal from Pilot Steering Committee
- X. PDC positions up for appointment**
- XI. Public Comment**
- XII. Dates for 2008 Meetings**
 - a. ~~January 9, 2008~~
 - b. April 9, 2008
 - c. July 9, 2008
 - d. October 8, 2008
- XIII. Adjourn**

Attachment: A
April 9, 2008 PDC Minutes

Approved
January 9, 2008
Minutes of the PDC

**Professional Development Committee
Richmond, Virginia
January 9, 2008
10:30am**

Members Present:	Members Absent:	Staff:	Others:
Randy Abernathy-Chair	Billy Altman	Gary Brown	Ken Williams
Kathy Eubank		Scott Winston	Jon Blank
Holly Frost		Michael Berg	Marcia Pescitani
Nick Klimenko		Beth Singer	Teresa Ashcraft
Donna Hurst		David Edwards	Holly Sturdevant
Dave Cullen		Warren Short	
		Thomas Nevetral	
		Greg Neiman	
		Chad Blosser	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The Meeting was called to order at 10:45 am	
II. Introductions	Members of the Committee and guests introduced themselves	
III Approval of Agenda	Members of the Committee reviewed the Draft Agenda	Motion by: Kathy Eubank To approve the agenda as presented. Seconded by: Nick Klimenko Vote: Unanimously Approved
IV. Approval of Previous Minutes	The Committee reviewed the minutes from the October 10, 2007 meeting (ATTACHMENT: A)	Motion by: Dave Cullen To approve the minutes as presented. Seconded by: Holly Frost Vote: Unanimously Approved

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
V. Reports of Committee Members	a. Officer Reports – Randy Abernathy has spoken to Dr. Ornato about attending our meetings as he was appointed to the board of the National Registry	
	b. Reports of Committee Members	
	<p>c. Office of EMS</p> <p>i. Division of Educational Development- Warren Short</p> <ol style="list-style-type: none"> 1. Staffing – Still down 1 staff person, our receptionist position. May not be filled until another position in the Office is filled. The new Certification Test Examiner position should be hired after the move of the DED section to our new location in mid-February. 2. NEMSES Draft 2.0 – has been out for 3 months. There is a meeting February 11 & 12, 2008 in Tyson's Corner (NOVA) for National Stakeholders and the Office is planning to have a presence. Draft 3.0 will be out in early Summer and the Final Draft is due to NHTSA in September 2008. This educational model works for other allied health programs, but how do we make it work in EMS? The Atlantic EMS Council is looking into writing a standard curriculum and considering a practical analysis. If it goes through, one benefit will be easier Reciprocity amongst the member states. The National Registry (NR) has made plans to implement the new Standards in testing as early as 2009. It may take up to 2 years to transition to the new Standards in Virginia. Gary Brown reported that this issue was a hot topic at the last National Association of State EMS Officials (NASEMSO) meeting. We are good at the ALS level but EMT-B is a concern. In 2012, the NR will only test Paramedic students from programs that are Accredited. Gary Brown commended everyone for pushing forward with ALS Accreditation and positioning Virginia so well to fit into the Standards. Holly Frost expressed concern with the role of NR in this whole process as a vendor, it appears they have steadily been working to create a monopoly. <p>ii. ALS Training Specialist-Tom Nevetral</p> <ol style="list-style-type: none"> 1. NREMT/CBT – ALS Testing - Nothing is in the works, results are coming back within 4 hours of candidates taking the exams. Virginia is doing better than other states at the CBT according to a recent survey BLS Testing – A number of requests have come in from EMT's wishing to take the NR Test. They should go to our website and download the form, complete it and send it in. Tom is processing around 20 applications a month. 2. Scope of Practice Impact Committee – Sub-committee of the Medical Direction Committee (MDC); Dr. George Lindbeck, Dr. Peter Bruzzo and Capt George Brown from Fairfax. They have been in place for a while and have met a few times. They will make a recommendation at the next MDC meeting, January 17, 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<p>Break for Lunch 12:00pm Reconvene @ 12:25pm</p>	<p>2008. Surveys were sent to EMT-Instructors and ALS Coordinators to get an idea if we were asking the right questions. 14,000 EMS Providers in Virginia were then sent e-mails to participate in the survey and the results are still coming in.</p> <p>iii. BLS Training Specialist</p> <ol style="list-style-type: none"> 1. EMS Instructor Updates After doing 22 Updates in the last two years, Only 5 updates have been scheduled for 2008: April 8, 2008 6:00pm ODEMSA – Location TBA June 14, 2008 9:00am WVEMS – Virginia Tech VAVRS Rescue College September 27, 2008 9am TEMS – VAVRS Convention October 11, 2008 9:00am NOVA – Fairfax County November 15, 2008 8:30am – Symposium Online Update is still in development but with the move it probably won't be up before the April Update. 2. EMS Instructor Institute Next Institute is January 26-30, 2008, we have almost 24 Candidates Dates for the rest of the year should be posted on the web soon. 3. Survey of Providers - Only 96 people have taken the survey since it has been implemented. We should consider changing how we collect the data. <p>iv. Funding and Accreditation – Chad Blosser (ATTACHMENT: B)</p> <ol style="list-style-type: none"> 1. ALSTF – \$458,000 distributed of the \$1.2 million. On track to disburse at least \$1 million this year if not the full amount. We have seen a spike in reimbursement claims this year. 2. Accreditation Update – No change from last PDC meeting. Site review for Hampton Fire & EMS set for this month. <p>v. Regulations – Michael Berg</p> <ol style="list-style-type: none"> 1. Regional Designation Process and Financial Assistance for Agencies regulations went into effect January 1, 2008; information is available on the OEMS website. 2. Notice of Intended Regulatory Action (NOIRA) for the DDNR Regulations has been approved by the Governor's Office and we are waiting for it to go to the Registrar for publication for the 30-day public comment period. 3. Periodic Review of Regulations. New Draft Regulations are still in review. After they have been reviewed and approved by the AG's Office and Board of Health there will be 5 Public Hearings around the Commonwealth 	
<p>VI. Reports of Pilot Programs</p>	<ol style="list-style-type: none"> a. Competency Based EMT-B Program Pilot <ol style="list-style-type: none"> i. Prince William County- PWC has not had a course since October and has no report ii. Roanoke Valley Regional Fire Training Center (ATTACHMENT: C) 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> iii. JSRCC – Hanover County – No Report Received iv. TCC – Lorna Ramsey – (ATTACHMENT: D) b. Rural Competency Based EMT-B Pilot <ul style="list-style-type: none"> i. Connie Purvis – 17 Student have completed the didactic portion and are completing their clinical component. Connie reports that the Skills Check-off sheets worked extremely well and she will continue to use them even if the Pilot Program does not continue. ii. Gary Dalton – No Report Received iii. Steve Puckett – No Report Received iv. Delbert Garrett – No Report Received v. Monique Dixon – No Report Received 	
VII. Ad-hoc Committee Reports	<ul style="list-style-type: none"> a. Intermediate Curriculum Review – No Report Committee is not active and will be removed from the Agenda until they have something to report. b. BLS Curriculum Review – The Committee last met November 27, 2007 (ATTACHMENT: E). After much discussion the committee determined that with the new Educational Standards being finalized by the end of this year, there is not enough time to continue working on changes to the Curriculum, finalize them, and roll them out before we would need to start again. The committee voted to request the PDC to allow them to change their mission and refocus their efforts on the new Standards. c. BLS Certification Evaluator Committee – No Report, the Committee is waiting on the Test Committee to finalize their work. A joint meeting is planned. d. EMS Instructor Credentialing – No Report. Members of the committee will be attending the Institute in January to evaluate our current process. e. BLS Certification Test Committee – The Committee last met on November 28, 2007 (ATTACHMENT: F). The PDC discussed the efforts of the Committee and requested more information regarding the current work. 	<p>Motion by: Dave Cullen To approve the request by the BLS Curriculum Review Committee to refocus their mission to address the emerging Educational Standards Seconded by: Nick Klimenko</p> <p>Vote: Unanimously Approved.</p>
VIII. Previous Business	<ul style="list-style-type: none"> a. MDC request regarding Enhanced Curriculum Change – Tom Nevetral discussed the history behind the discussion to remove intubation at the Enhanced level. MDC will be discussing this at their meeting on January 17, 2008. Tom presented the results of a survey of ALS Coordinators regarding Enhanced Intubation. (ATTACHMENT: G). For now, PDC does not need to take any action. 	
IX. New Business	Field Internship Requirements for EMT-B's under new Education Standards- Nick Klimenko expressed concerns about implementation and logistics for the current recommendations for	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	Field Internship for EMT-B's in the new Education Standards. (ATTACHMENT: H) The committee discussed the implications and the consensus was that while it may delay students in completing the course, in the end it would produce better providers. No action needed.	
X. Public Comment	None	
XI. Dates for 2008 Meetings	a. January 9, 2008 b. April 9, 2008 c. July 9, 2008 d. October 8, 2008	
XII. Adjournment	The meeting was adjourned at 2:02pm	

Professional Development Committee
Wednesday, January 9, 2008
Marriott West - Innsbrook
10:30 AM
Agenda

XIV. Welcome

XV. Introductions

XVI. Approval of Agenda

XVII. Approval of Minutes from October 10, 2007

XVIII. Reports of Committee Members

- a. Officer Reports
- b. Reports of Committee Members
- c. Office of EMS
 - i. Division of Educational Development-Warren Short, OEMS
 - 1. Staffing
 - 2. National EMS Education Standards (NEMSES) Draft 2.0
 - ii. ALS Training Specialist- Tom Nevetral, OEMS
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 - iii. BLS Training Specialist-Greg Neiman, OEMS
 - 1. EMS Instructor Updates
 - 2. EMS Instructor Institute
 - 3. Survey of Providers
 - iv. Funding and Accreditation-Chad Blosser, OEMS
 - 1. ALSTF
 - 2. Accreditation Update
 - v. Regulations-Michael Berg

XIX. Reports of Pilot Programs

- a. Competency Based EMT-B Program Pilot
 - i. Prince William County- Lt. Thomas Jarman
 - ii. Roanoke Valley Regional Fire Training Center-Dave Hoback
 - iii. JSRCC-Hanover County- B. Chief Wayne Woo
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(over)

- b. Rural Competency Based EMT-B Pilot
 - i. Connie Purvis
 - ii. Gary Dalton
 - iii. Steve Puckett
 - iv. Delbert Garrett
 - v. Monique Dixon

XX. Ad Hoc Committee Reports

- a. Intermediate Curriculum Review-No Report
- b. BLS Curriculum Review – Linda Johnson-Chair
- c. BLS Certification Evaluators Committee-Linda Johnson-Chair
- d. EMS Instructor Credentialing – Nick Kleminko-Chair
- e. BLS Certification Test Committee-Jeff Reynolds-Chair

XXI. Previous Business

- a. MDC request regarding Enhanced Curriculum Change-Tom Nevetral

XXII. New Business

- a. Field Internship Requirement for EMT-B under New Education Standards-Nick Kleminko

XXIII. Public Comment

XXIV. Dates for 2008 Meetings

- a. January 9, 2008
- b. April 9, 2008
- c. July 9, 2008
- d. October 8, 2008

XXV. Adjourn

Attachment: B
April 9, 2008 PDC Minutes

ALS Training Funds Report

Advanced Life Support Training Funds Summary

As of April 8, 2008





ALS Training Funds Summary of Expenditures FY08

Training Fund Category	\$ Budgeted	\$ Obligated	\$ Disbursed	Remaining Funds
Accreditation Funding	\$ 110,000.00	\$ 29,000.00	\$ -	\$ 110,000.00
Basic Course Funding	\$ 454,804.00	\$ 1,281,277.50	\$ 443,197.77	\$ 11,606.23
Transition Program Funding	\$ 150,000.00	\$ 160,370.00	\$ 5,049.75	\$ 144,950.25
Auxiliary Program Funding	\$ 175,000.00	\$ 226,500.00	\$ 200,064.00	\$ (25,064.00)
Individual/Organizational Tuition Funding	\$ 100,000.00		\$ 43,690.00	\$ 56,310.00
CE Funding by Planning District	\$ 210,196.00	\$ 204,960.00	\$ 83,514.50	\$ 126,681.50
Grand Total	\$ 1,200,000.00	\$ 1,902,107.50	\$ 775,516.02	\$ 424,483.98

Attachment: C
April 9, 2008 PDC Minutes

Accreditation Report

Accredited Training Site Directory

As of April 8, 2008





Accredited Paramedic¹ Training Programs in the Commonwealth

Site Name	Site Number	Expiration	Accreditation Status
Associates in Emergency Care – GMRS	68303	11-2009	National – Initial
Associates in Emergency Care – LFCC	06111	11-2009	National – Initial
Associates in Emergency Care – Stafford	17908	11-2009	National – Initial
Center for Emergency Health Services – Fredericksburg	63013	11-2009	State – Full
Center for Emergency Health Services – Portsmouth	74014	11-2009	State – Full
Center for Emergency Health Services – Richmond	76028	11-2009	State – Full
Center for Emergency Health Services – Williamsburg	83006	11-2009	State – Full
Central Virginia Community College	68006	07-2009	State – Full
J. Sargeant Reynolds Community College – Chesterfield	04107	11-2007*	National – Initial
J. Sargeant Reynolds Community College – Colonial Hgts.	57004	11-2007*	National – Initial
J. Sargeant Reynolds Community College – Goochland	07504	11-2007*	National – Initial
J. Sargeant Reynolds Community College – Hanover	08513	11-2007*	National – Initial
J. Sargeant Reynolds Community College – Henrico	08709	11-2007*	National – Initial
J. Sargeant Reynolds Community College – RAA	76029	11-2007*	National – Initial
Jefferson College of Health Sciences	77007	05-2011	National – Continuing
Loudoun County Fire & Rescue	10704	05-2012	National – Continuing
National College of Business & Technology	77512	11-2009	State – Full
Northern Virginia Community College	05906	05-2011	National – Continuing
Patrick Henry Community College	08908	08-2008	State – Conditional
Piedmont Virginia Community College/UVa	54006	11-2008	National – Initial
Southwest Virginia Community College	18507	01-2012	National – Continuing
Tidewater Community College	81016	05-2011	National – Continuing
Tidewater Community College – NNFDTC	70014	05-2011	National – Continuing
VCU School of Medicine Paramedic Program	76011	03-2012	National – Continuing

1. Programs accredited at the Paramedic level may also offer instruction at EMT - I, EMT - E, EMT - B, FR, as well as teach continuing education and auxiliary courses.

* J. Sargeant Reynolds is in the process of completing a self-study document at the request of CoAEMSP for a follow up visit scheduled for 2009.

Legend: - Community College Main Site - Private Business Main Site - Alternate Site

Accredited Intermediate¹ Training Programs in the Commonwealth

Site Name	Site Number	Expiration	Accreditation Status
Central Shenandoah EMS Council Intermediate Program	79001	05-2010	State – Full
John Tyler Community College	04115	02-2012	State – Full
Lord Fairfax Community College	06903	06-2007	State – Full
New River Valley Training Center	75004	12-2011	State – Full
Norfolk Fire-Rescue	71008	07-2011	State – Full
Franklin County Public Safety Training Center	06705	07-2008	State – Conditional
Old Dominion EMS Alliance	04114	08-2008	State – Conditional
Prince William County Paramedic Program	15312	07-2010	State – Full
Rappahannock Community College – Glenss	11903	07-2011	State – Full
Rappahannock Community College – Warsaw	15904	07-2011	State – Full
Rappahannock EMS Council Intermediate Program	63007	01-2009	State – Full
Roanoke Regional Fire-EMS Training Center	77505	12-2009	State – Full
Southside Rescue Squad	11708	07-2011	State – Full
UVa Prehospital Program	54008	07-2009	State – Full

1. Programs accredited at the Intermediate level may also offer instruction at EMT - E, EMT - B, FR, as well as teach continuing education and auxiliary courses.

Legend: - Community College Main Site - Private Business Main Site - Alternate Site

EMT-Intermediate Candidate Sites

Site Name	Site Number	Council	Accreditation Status
Tidewater EMS Council	unassigned	TEMS	Will be submitting a self study in 2007 for the Eastern Shore of Virginia.
Hampton City Fire-Rescue	unassigned	PEMS	Failed site visit, unsure about resubmitting.
James City County Fire-Rescue	unassigned	PEMS	Inquired about how to set up a site.

Coverage:

Paramedic Programs

	Number of Main Sites	Number of Alternative Sites
VCCS Institutions	7	6
Private Institutions	6	5

Intermediate Programs

	Number of Main Sites	Number of Alternative Sites
VCCS Institutions	3	1
Private Institutions	10	0

What is OEMS's plan or "next steps" to increase the 92 percent coverage within a 30-mile radius of accredited sites and to increase the number of accredited sites?

The OEMS Accreditation program is still growing and building on its own—with little or no specific action being taken by the Office. However, the Division of Educational Development continues to market to and educate ALS-Coordinators and Regional Councils during each of the EMS Instructor Updates conducted throughout the year [there are 10 updates held per year at a minimum]. The Division continues to encourage participation with the accreditation program whenever and where ever we have an audience.

The Office has recently been in communication with the Tidewater EMS Council and they are planning to submit a self-study sometime during FY08 which will bring training to the Eastern Shore, an area where training is desperately needed. According to our calculations, that will boost the coverage by accredited training sites to 96% of the Commonwealth.

Attachment: D
April 9, 2008 PDC Minutes

TRAIN Virginia/Online CE

TRAINVirginia EMS Data



Division of Educational Development

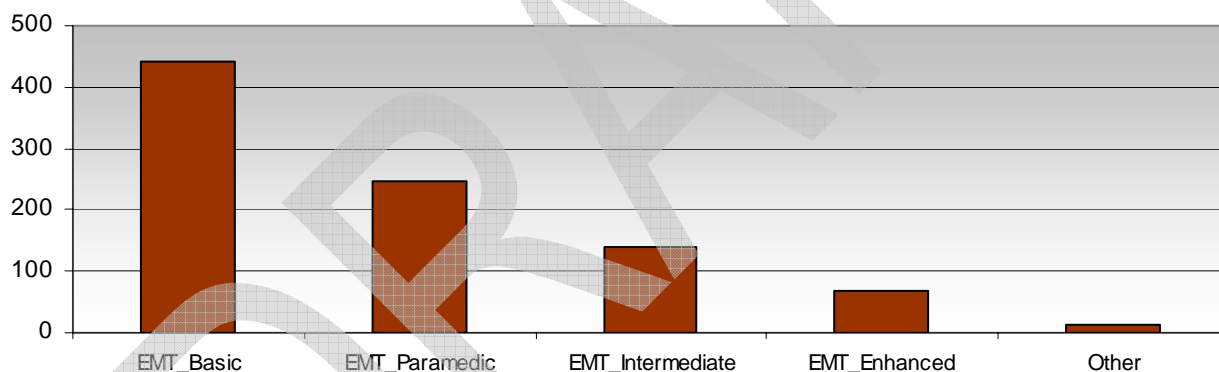
Summary

- Between September 2007 and March 2008, 909 people used the TRAINVirginia system.
- A total of 3591 classes were taken
- TRAINVirginia users took an average of four classes each
- Almost half of TRAIN users were EMT-Basics
 - 56% of all classes were taken by EMT-B's
 - The highest percentage of TRAINVirginia use by EMT-B's was in Central Shenandoah(58%) while the lowest was in Tidewater (33%)

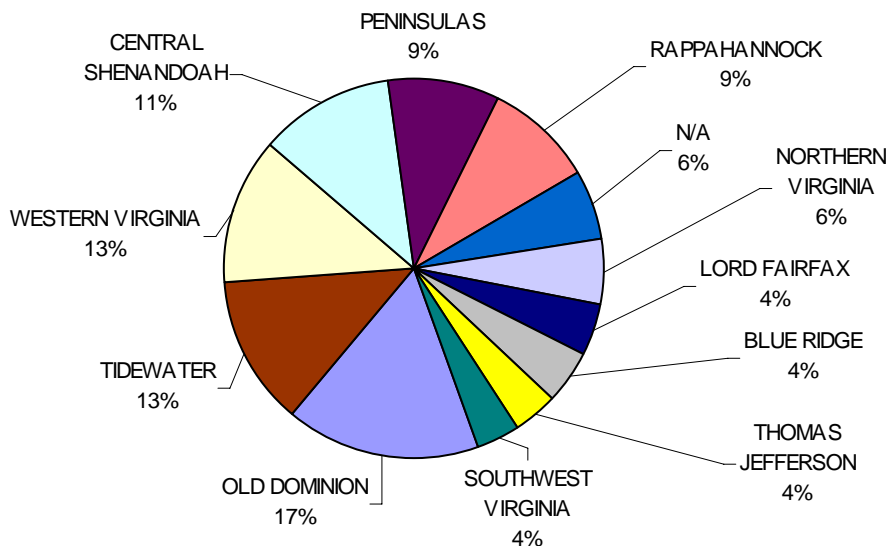
Average Number of Classes by Provider

Level	Average Number of Classes (rounded to the nearest whole number)
EMT Basic	5
EMT Intermediate	3
EMT Enhanced	4
EMT Paramedic	3
EMT Instructor	2

TRAINVirginia Use by Provider Level



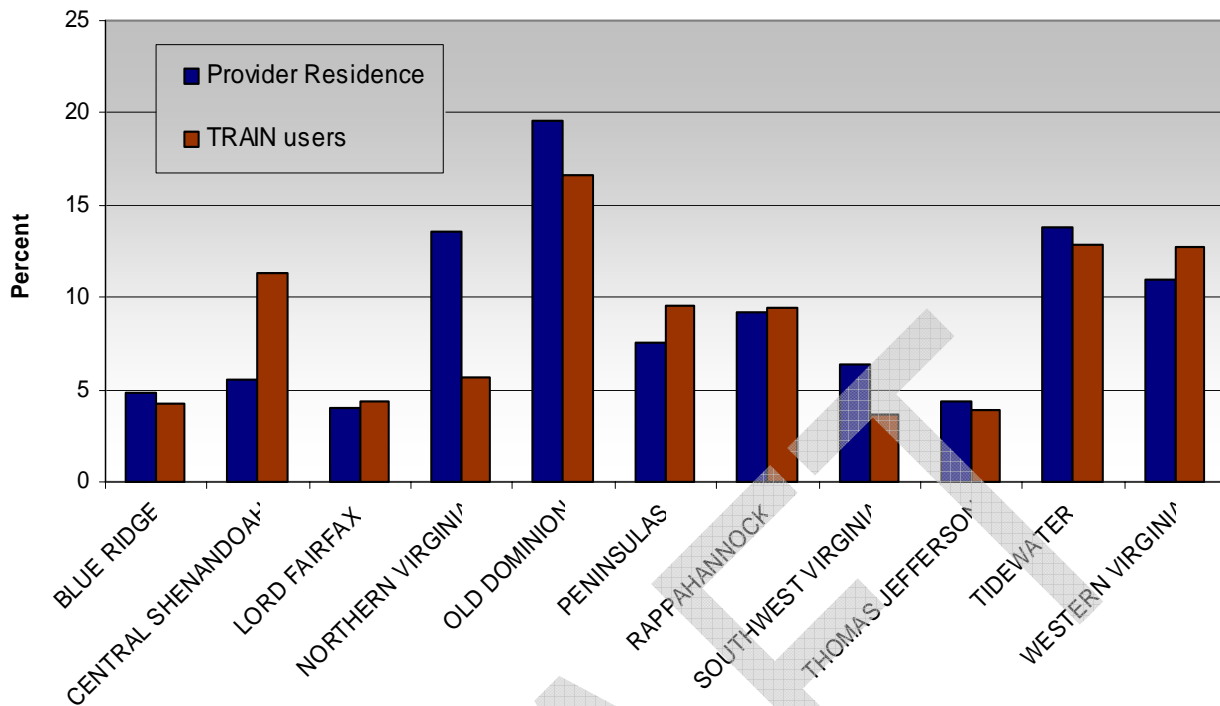
TRAINVirginia Use by Region



Most Common Classes (in descending order)

1. Traumatic Chest Injury
2. EMS Regulations
3. The Near Drowning Patient
4. Prehospital Care of the Stroke Patient
5. On-Scene Challenge 13

Provider Residence vs. Location of TRAIN users



Region	Provider Residence (percent)	TRAIN Users (percent)
N/A	0.2	5.7
BLUE RIDGE	4.9	4.3
CENTRAL SHENANDOAH	5.5	11.3
LORD FAIRFAX	4.0	4.4
NORTHERN VIRGINIA	13.6	5.7
OLD DOMINION	19.6	16.6
PENINSULAS	7.6	9.5
RAPPAHANNOCK	9.2	9.4
SOUTHWEST VIRGINIA	6.4	3.7
THOMAS JEFFERSON	4.4	3.9
TIDEWATER	13.8	12.8
WESTERN VIRGINIA	11.0	12.7
Total	100	100

Summary: The above graph and corresponding table is a comparison of the percentage of providers residing in each region versus the percentage of TRAIN users by region. The purpose of plotting these variables together was to identify any possible disparities in TRAIN utilization. Overall, the distribution of TRAIN users followed the expected pattern which corresponds to where they live.

Notable exceptions include low rates of TRAIN utilization in Northern Virginia and Southwest Virginia. 14% of all providers reside in the Northern Virginia regional council however less than 6% of TRAIN users reside in Northern Virginia. 6.4% of providers live in Southwest Virginia but they only accounted for 3.7% of TRAIN users. Consequently, 5.5% of providers reside in the Central Shenandoah region and they comprise 11% of TRAIN users.

WEB-BASED CONTINUING EDUCATION

Here is everything you need to know about online continuing education in Virginia.

The Division of Educational Development has added an online option for fulfilling continuing education (CE) requirements. Only websites specified on the OEMS webpage will be utilized for online CE credit, as they have met the requirements set forth by OEMS. Courses completed by providers on non-approved websites will not receive credit towards their certification.

In order to receive credit towards recertification, each provider must utilize the website links below and complete the registration form paying special attention to any links that are specific to Virginia's EMT's.

Nightly, each approved vendor will send course results to OEMS electronically. These credits will be automatically applied to the provider's OEMS CE Report within 24 to 36 hours of completion of the course. Course completion certificates issued by the online CE vendor are printed out by the student for future reference – they are not to be sent to OEMS.

Virginia providers must utilize their certification number and level as printed on their certification card. Failure to utilize the proper certification number and/or level will result in credit not being awarded.

A list of approved online CE vendors can be found at the end of this article. Each vendor website has its own price list and accepted forms of payment.

- TRAINVirginia, <http://va.train.org> — sponsored by VDH
- 24-7 EMS – <http://www.24-7EMSNow.com>
- CentreLearn Solutions – <http://www.centrelearn.com>

As other vendors meet the requirements set forth by OEMS, they will be listed on this page as eligible sites for online CE credit. Again, only the websites listed above may be utilized for CE credit in Virginia. Courses that are completed on websites that are not listed on this page will not be counted toward recertification.

Please keep this in mind!

For EMS certification levels that require recertification at the state level (First Responder, EMT-Basic, EMT-Enhanced) the number of CE credits that can be earned online and counted toward recertification is unlimited.

However, provider's seeking to recertify their National Registry certification (EMT-Intermediate 99 and EMT-Paramedic) are limited in the number of hours of online/distributive education credits they can apply. Please see the National Registry of EMT's policy on this.



Attachment: E
April 9, 2008 PDC Minutes

Prince William County
Pilot Report

**Prince William County BLS Pilot Program
Prince William County EMS Training
PDC Pilot Program Review Report
April 9, 2008**



Prince William County BLS Pilot Program Executive Briefing

During the two year time frame set for the BLS Pilot Program, Prince William County was able to run five complete pilot programs. During that time, we were able to sit 83 students that had successfully completed our program and test for Virginia State Certification. We experienced 98.8% success rate for certification.

Also during this time frame, several transitions occurred at the start of our fourth class under the pilot program. We were transitioning a complete turnover of the EMS Training Academy staff, as well as a first time course coordinator. These transitions included a higher participation by non EMT instructors. Even with these changes happening around our program, we were able to enjoy continued success in the BLS Pilot Program.

The program enabled our non EMT instructors to follow the program and student evaluation through the documented competencies. This documentation allowed those instructors to document struggling students and identify those students through documentation that were eventually unsuccessful in our program.

Overall, the BLS Pilot Program allowed our EMT program continued success in maintaining high certification success rates throughout the duration of the pilot program.

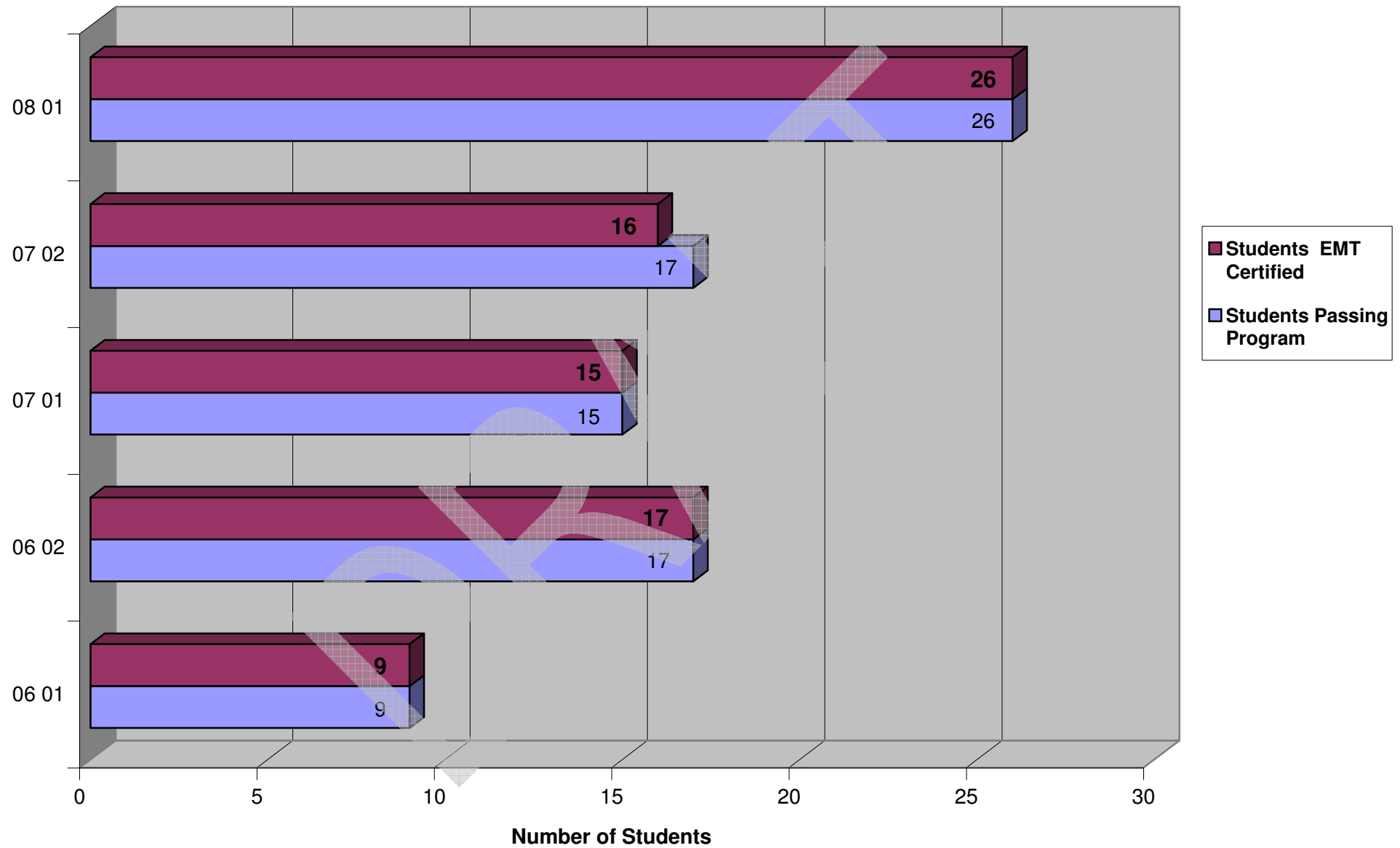
Things That Went Well

- **Increased non-EMT instructor involvement**
- **Increased practical lab application**
- **Closer ratios as it relates to student to instructors**
- **Continued success in evaluatory instructor effectiveness**

Things to Improve

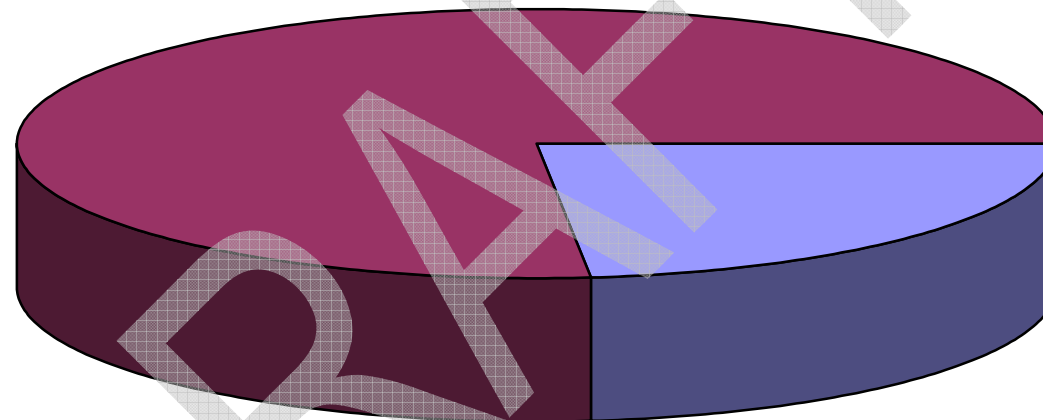
- **Continued increase in familiarity and standardization of forms**
- **Continuation of BLS Pilot Program for the future**

Prince William County Pilot Program Successful Completion to Virginia State Certification



Percentage of Instruction 07-02 Class

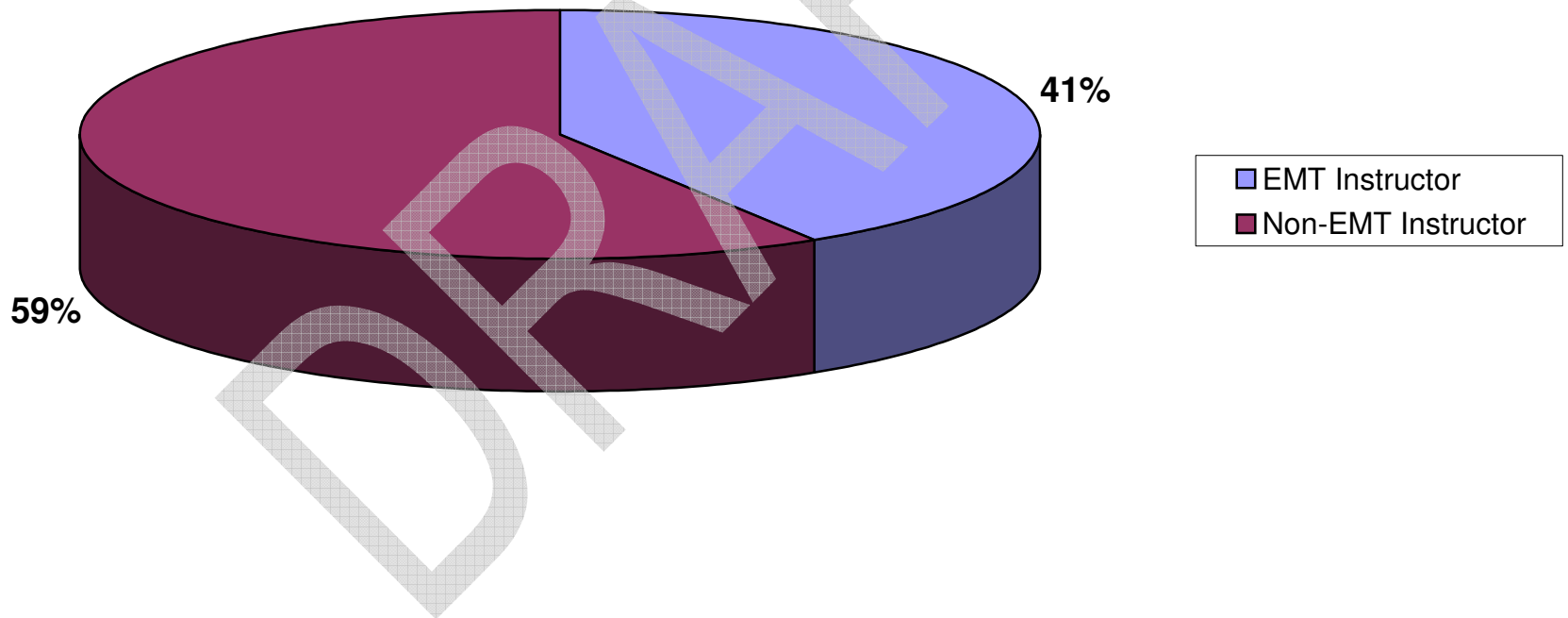
Non EMT Instructor
77%



EMT Instructor
23%



Percentage of Instruction 08-01 Class



Class name: PWC Recruit School 08-1 EMT-B
Class #
Location PWC PSA
Date 6 Feb 2008 to 13 Mar 2008

Enrolled: 30
No Show: n/a
Extra: 5
Dropped: 4
Passed: 31
Incomplete: n/a

Evaluation Results:

31 Evaluations Received:

Instructor Effectiveness =	4.48
Course Information=	4.28
Facilities and Support Services=	4.71
Overall=	4.55

Comments:

Best Liked:

- The fact that I have come out with a growing sense of confidence to be able to handle an emt-b call, and the fact that I have a much greater overall knowledge of anatomy/physiology/trauma/etc. It is also making me have an interest in medic training
- The practicals and instructors
- Lecture and workbooks supplement learning from reading chapters. Practical related to material at that time and progressed as lectures progressed. Instructors were very helpful during class time and willing to help after class.
- Doing practicals
- The instructors, practical stations, and the training atmosphere
- The ride along
- The course allowed me to understand the topic in a quick orderly manner. I liked that the chapters seemed to be taught in some form of order which allowed me to put the pieces together. I also liked how there wasn't a lot of "down time".
- More that sufficient practical practice time. Questions were answered and researched then answered if needed. Instructors were very clear about expectations. Instructors provided all info needed along w/book, lectures seemed quite thorough
- The practicals and instructors were very helpful

- Most instructors were great to deal with
- Level of enthusiasm on part of instructors, preparation for state exam by going above state standard. Instructors seemed to genuinely care about teaching and I was impressed that they were willing to come in on holiday/weekend to help us out, esp. w/ practicals
- I liked the ride along the most because I was able to see how I would be able to apply what I was learning. It would also be nice to get the hospital rotation back. The more hands on the better.
- Our time spent riding on the medic units and observing station life. I also enjoyed the enthusiasm of the instructors, it made the lectures fun and interesting.
- Large amount of material covered. Practical and ride alongs were very helpful. Instructors had a great deal of practical knowledge to share. I felt challenged but not overwhelmed. Overall I really enjoyed the course.
- Visual aids, med bag/o2 bags/aids were great
- Practical and nice equipment for training
- The ride along, Tech II McClelland and Captain Jarmans lectures were both entertaining and informative.
- I like the hands on stuff the most with the practicals and the ride alongs were amazing
- The enthusiasm and the knowledge of the instructors brought to the class was excellent
- The best part of the class for me was getting into the practicals. I feel like that helped to bring some understanding of the information I was reading and tie it all together to make sense.
- Overall the general knowledge of the instructors was superior. They knew what they were talking about and were able to answer questions. The 5-10 minute break at every hour was nice. It enabled you to keep from getting tired.
- I actually liked the "fast" pace. It forces you to learn, conditions the mind to think quickly and to comprehend information. I enjoyed the medical subjects. The constant learning.
- The instructors were very helpful and understanding. Practical were very helpful in a sense of preparing you for the real thing.
- The time we had for practicals helped to understand the course
- I actually liked the fast pace. I enjoyed the practical time and hands on learning of subject matter

- The instructors all want everybody to succeed. They truly love their job and it shows. They are very helpful when you ask them for help. I have a deep respect for their time and effort and professionalism.
- Hands on practicals, videos, and slides with pictures
- Practical training, variety of instructors teaching different courses
- Hands on practicals were very helpful and having small groups when you can practice a lot and have plenty of time to ask questions and try again. I also liked that we have a high standard to “ensure” we pass states.
- I like the instructors and how they presented the material. They presented the material like they care about the recruits and also encourage recruits consistently
- The instructors are great and very understanding and helpful

Least Liked:

- Went by so fast and different ways to do one thing real world and test world keep things test based and or change to adjust to real world
- The least thing I liked was the length of time we had to learn the material
- Some varying opinions and inconsistent teaching on how to treat or handle certain situations became frustrating. It's hard to learn when there are conflicting opinions. Also the practicals should be a little more like the test. Outlines were a time consumer and took away from studying.
- Chapter outlines
 - Some of the power point presentations
 - The power point presentation with slides is not in my opinion a very good way to engrain and teach this material. I would prefer a chalk board method. The method that colleges use. It is very difficult to look at a slide and digest and learn the material that way.
 - The written(not the practical) test were poor and examining subject knowledge were contradictory and encouraged regurgitative learning. It would be better if the knowledgeable instructors could prescreen the tests or write them themselves
 - The book did not always correspond with the workbook
 - I am a “reading” learner w/visuals. I did not enjoy the outlines for each chapter – I read and take notes as needed. However I understand why we do them.

- The all day lectures. Yea it is a necessary evil, but if possible break it up a little bit. The outlines made it more difficult for me to read. Instead of reading to comprehend I was reading to finish an outline persay. I understand the reasoning behind them though.
- The fast pace of the course was at times hard for me keep up. Having to have to read 3 and 4 chapters and tests the next day sometimes was overwhelming.
- The amount of reading per night
- Some of the lectures were just a drag and sitting down too much
- The red folders and wasting time having to get everything in them signed off
- Don't really have any complaints. Already had training, so the course was not that difficult.
- Some material/test standards were not fully stated until late in traind, inconsistency between instructors when asked similar questions about test scenarios (but later clarified). Tests should be prescreened before tests to ensure proper material
- Could have used more time for obstetrics practicals. Would have liked a 2nd day of ride alongs. Would have preferred to not do outlines unless my grades were low.
- I would have liked to do some hospital time
- It would be nice to go to the hospital for some hands on
- Sometimes there seemed to be inconsistent information about what we needed to know, depending on which instructor presented info. Lectures should be more focused on testable material. The workbook was not always consistent with the textbook
- Practical that have no similarity to count or state tests
- As I said once before there were some minor inconsistencies in some of the practical situations. This didn't seem to trip many folks up, but I had some difficulty especially because I have no experience. However the class overall was very informative, I learned a great deal.
- So much to cover in such a short period. Conflicting answers from instructors. I did not participate in practicals but helped as a pt. Seems as though classmates told me often that the instructors were teaching differently. Very common in these programs.
- The one thing that made a negative impression was the contradicting of instructors. But that will happen regardless, so it was understandable
- Quizzes every day as well as punishments

- The condensed nature
- No dislikes – the staff was dedicated and highly motivated
- Different answers for treatments/contraindications of treatments and other procedures. These problems were eventually rectified but many students went weeks without knowing what would be appropriate procedure for tests
- Power point was not following book
- The fact that it accelerated to a chaotic pace which was almost impossible to maintain. I understand the time constraints

Additional Comments:

- Possibly allowing for in house study time because I know that when several of us studied during lunches it helped tremendously with the work load – even 20-30 minutes here and there would be beneficial. Emphasize weekend study time. There would have been no way I could have done 2-4 chapters on weeknights. (I was averaging 8-9 hrs each weekend day to try to stay on top of the readings)
- During the midterm and final when the patients are moulaged with major bleeding (ie tiger bite), put a piece of plexiglass or other aid under the site to identify the large blood loss. A small wound on the arm does not indicate a large loss of blood.
- I thoroughly enjoyed working with the EMS staff and I appreciate their time and effort to teach me and give me the confidence and knowledge of the subject.
- Most lectures were captivating and very knowledgeable. More ride time and ER time. Seems as though students have a hard time or are unsure about c-collar placement and taking BP's, maybe more time on these skills.
- On a personal level I struggled to keep up with the reading and the pace of the material covered. The instructors did a great job and made the class a lot of fun.
- The chapter outlines weren't particularly useful. Tech II McClelland is an excellent instructor.
- Keeping groups as small as possible is the most important thing. I feel that it is important to ensure that the BLS skills are second nature by the time the emt portion of the course is complete. It would also be nice to get the complete final/midterm exam so we can go back in the text book and read about the subjects we were weak on.
- Instructors had a natural tendency to include information from their field experience which was not always consistent with the state test or other instructors. This occasionally

created confusion when instructors were not on the same page as far as how they ran their practicals. This did not affect my ability to learn EMT, but did occasionally create confusion.

- No
- More time in practicals in learning different scenarios that may not be on the state or county test, but will prepare us better for the field.
- Some instructors might be able to be a little more enthusiastic while giving lectures and not seem so out of it.
- I think overall the class is good. It is very possible to complete the class once you find out how to study and draw out the information you need for this class. I think the instructors and the speakers are very knowledgeable and provided us with good information.
- Have Tech II McClelland teach more lectures. He is very entertaining w/ his presentations.
- None – Great course! Great teachers!
- The practical time was helpful and also well maintained. They made sure you got to get help in all the stations.
- Considering the time constraints I thought the class was overall successful.
- Nope
- The course was taught well and the practicals were very useful. Having the power point slides was good. Outlines were not helpful and the time used to make them hurt my studying and knowledge of the material because I ended up just trying to get it done instead of studying. We could have been a little better prepared for some test scenarios that were unexpected.
- I do not have any additional comments besides to continue what you already doing. Its been exciting but tiring.

Class name: EMT-B/Recruit Class 07-2
Class # 07-2
Location PSA
Date August 8 – September 13, 2007
Instructors: Lt. Melvin, Lt. Mirabile

Enrolled: 14 Initial entry/3 refresher/2 Medics

Evaluation Results:

Evaluations Received: 19

Instructor Effectiveness =	4.26
Course Information=	4.06
Facilities and Support Services=	4.42
Overall=	4.16

Comments:

Like to see in future training:

- More hands on with more vocal instructions. Expanding course length.
- Reading materials (text and workbook) should not contradict.
- More time and more practicals. More ride along days.
- More time to do practicals.
- More elaboration on the subject.
- More time.
- Extra day riding on medic / ambulance units.
- More interesting speakers; more continuity of teaching practicals.
- More real life situations
- Each instructor should be on same page. We heard different ways to do the same thing and was told that it was the right way
- More station rotations.

Best Liked:

- What I liked the best about the course was to have hands on with practicals.
- The thing I enjoyed most about the course is the available resources and equipment. I think Prince William County has gone above and beyond to provide the best equipment available to simulate scenarios. I also enjoyed the facility. I think the classrooms are set up in a way that is easy to learn both by lecture and visual aids.
- I enjoyed the lectures of Lt. Phillips.
- I liked that we were able to participate in several hours of hands on scenarios. Being able to practice the skills we had been learning helped me to grasp things better and see the big picture of how to apply the skills we learned.
- Practical were my favorite out of the course. They kept me on

Class name: EMT-B/Recruit Class 07-1
Class # 07-1
Location PSA
Date February 7 – March 16, 2007
Instructors: Lt. Jarman, Tech II Phillips

Enrolled: 21 Initial entry/7 refresher/2 Medics

Evaluation Results:

Evaluations Received: 26

Instructor Effectiveness =	4.88
Course Information=	4.71
Facilities and Support Services=	4.81
Overall=	4.88

Comments:

Like to see in future training:

- A little more time for practicals, but that might take away from the presentation of material
- If possible, more time. It's a lot of material to comprehend in a little amount of time
- Smaller practical groups. More field ride-a-longs
- More videos in lectures. Defensive and de-escalation tactics. Use the Brady Emergency Care Text
- More field time
- Use of the Brady Emergency Care Text.
- More Videos
- Smaller class size and more practical time
- To run the MCI drill twice
- More ride-along with fire stations and hospitals
- Nothing. You guys did a wonderful job with the presentations and the knowledge of the material you were teaching
- More clinical time
- I would like to see the lectures move a little quicker, sometimes it would take extra time to finish lectures

Best Liked:

- I liked how the instructors kept the course interesting with videos and a sense of humor
- I liked all of it

- I liked the hands on and getting dirty with the material. Looked forward to coming to class and having fun with the instructors. Loved watching the funny video clips also
- The amount of information and time
- The instructors personal attention to everyone
- Doing the practice runs. Visual aids were the best
- I loved the videos that were integrated and the MCI event
- Instructors
- Lt. Jarman is very knowledgeable and enthusiastic when teaching this EMT-B course. He has a lot of stories from the field that he uses to both entertain us and teach us how to deal with situations we may find ourselves in. He makes the class interesting and I am honestly surprised how much information I retained, considering how quickly we went through each chapter.
- Instructors' teaching styles
- Interaction with instructor
- References to real life experiences of instructors
- Visual aids
- I enjoyed this course a lot.
- The videos
- I thought the instructors were very knowledgeable and also helpful. They were always willing to stay over and help the class
- Videos embedded within the lectures. Sense of humor of instructors. Helicopter/communications tour. MCI
- Enthusiasm of instructors. Review of Midterm/Final
- Instructors are extremely knowledgeable, approachable, funny and enthusiastic.
- Lectures with Lt. Jarman and the practical exercises
- Instructors; real life stories. It made the training real not only "what if" situations.
- The lectures and presentations were well thought out and entertaining

Least Liked:

- Time management. Cutting lunch short and leaving late happened too often
- More time w/practicals. It got better after midterms though
- The classroom
- The amount of material learned in such little time is a little overwhelming, but I understand time is very limited
- Large groups
- Amount of time to completed the course. EMT text seemed dated with bad layout
- Some lectures were very brief
- The disrespect some students had for other students
- How fast material was covered, sometimes it went very quickly

- The class went very quickly and I think I could have done better on the quizzes if we had a day or so to study instead of the quiz being the next day. Tech II Phillips could have been nicer to us. I understand we are lowly recruits but it just seems like we get enough punishment on the burn pad for everything we mess up on, and adding to it I the classroom makes concentrating on trying to absorb all of the EMT information difficult
- The length of lectures. I have trouble paying attention for long time. I would like more hands on but I realize there is a certain amount of material needed to be covered in lecture. I just learn better with hands on.

Additional Comments:

- All in all I enjoyed this course. Lt. Jarman and Tech II Phillips kept it very interesting even for someone with the attention span of a squirrel
- I think that Lt. Jarman and Tech II Phillips did an excellent job! Keep up the good work
- Both instructors obviously put a lot of time and effort into preparing and teaching this course, which is much appreciated. Both are very dedicated, and although their teaching styles are different, I learned a lot from both of them. Thanks for everything
- Lt. Jarman and Tech. II Phillips were excellent instructors. I loved having them around. Great job. Keep it up. Excellent teaching skills
- The instructors were the best I ever had, particularly Lt. Jarman
- Like more time in course, it would help
- I would like to see some practical demo stations during lectures
- I would like to thank instructors Phillips and Jarman. I learned a lot from them. Great instructors, great team. Thank you.
- I appreciated the willingness of the instructors to donate time to help after dismissal
- Try a different classroom. One with windows or better ventilation for more comfort.
-

Class name: EMT-B/Recruit Class 06-2
Class # 06-2
Location PSA
Date 9/13/06
Instructors: Lt Jarman, Technician II Phillips

Enrolled: 15

Extra: 5

Dropped: 1

PWC Final

Passed: 19

VA State Test

Passed: 14 (3 passed recertification 1 was ALS not tested)

Evaluation Results:

Evaluations Received: 17

Instructor Effectiveness = 4.98

Course Information= 4.97

Facilities and Support Services= 5

Overall= 4.94

Comments:

Like to see in future training:

- Everything was good
- The same level of training for others as I received

Best Liked:

- Enthusiasm, instructor knowledge, repetition
- The clinicals
- The instructors kept me involved and interested about the material
- The hands on time and visual demonstrations
- The visual aids were very useful and the packet was very nice to have
- Plenty of time to learn the material
- Good practicals, a lot of different styles and techniques
- The one on one instructor training and the effort and time put in on after school training
- The hands on training and ability to work both as a group and individual settings
- The practical stations
- Hands on time, practicals and hospital time
- Lots of hands on activities
- The practicals really helped to show you how the things you learned would be used. Kept class entertaining
- Information learned

- Teachers were very knowledgeable and very entertaining

Least Liked:

- I enjoyed the class all
- The written state test was not accurately written based on our training and lectures and book work
- How fast pace some of the lessons were. Extending the class would be easier but really more help, instead of cramming info into our heads
- The competency forms and getting skills signed off
- Sometimes the pace seemed too fast when trying to take notes. I was able to catch up and figure out where I was

Additional Comments:

- Thank you for your patience and encouragement
- Thank you
- More random videos in slide shows

DRAFT

Class name: EMT-B/Recruit Class 06-1
Class # 06-1
Location PSA
Date February 8 – March 14, 2006
Instructors: Lt. Jarman, Tech II Phillips

Enrolled: 8 Initial entry/1 refresher/3 Medics
Extra: 0
Dropped: 0
PWC Final
Passed: 12
VA State Test
Passed: 9

Evaluation Results:

Evaluations Received: 12

Instructor Effectiveness =	4.71
Course Information=	4.37
Facilities and Support Services=	4.16
Overall=	4.58

Comments:

Like to see in future training:

- Better overhead presentation. The visual presentation was usually hard to see.
- More time for the course
- A slower pace
- More time allotted
- More realistic scenarios. KED in van was great. To continue assessment in back of ambulance would be good
- An increase in the overall length of the course
- More real life scenarios along the lines of the MCI drill and the KED out of the van
- Longer period of time to cover material. Short time made it easy to become overwhelmed

Best Liked:

- The enthusiasm of the instructors and the level of knowledge they had. The practicals really helped and were very thorough
- What I liked best was the enthusiasm that the instructors had for teaching the course. They kept you into each chapter
- I liked that there was a lot of repetition, the knowledge of the instructors and the opportunity to practice
- Instructor involvement. The instructors really put forward 100% in order to prepare us and teach us to be better than just satisfactory. Also their positive

attitude and how they kept everyone involved and entertained on the “Slow” or “long down” days.

- Instructors showed enthusiasm in teaching the material and made a concerted effort to make sure the students were learning effectively. Reviewing tests after they were taken was very useful. Workbook was very useful and helpful
- The enthusiasm of our instructors, the love of the job rings true. Long days for us meant even longer days for them and they kept us plugging away to get through the material
- Instructors were very knowledgeable of the topics. They did an excellent job of conveying the material through lecture and the sharing of real life experiences. We always had plenty of practical time and were very prepared for every test
- The best aspect was the teacher- student interaction. I feel that it shows genuine interest in our learning. I also liked the use of humor and the clips. That kept our interest
- Instructors were well informed and made the material interesting. The MCI drill and KED out of the van were great real life scenarios
- Great instructor – provided good information and kept the class entertaining. Videos were awesome
- Instructors enthusiasm and knowledge; willingness of all instructor to work w/students on practical sessions, sometimes late. A huge amount of instruction and information conveyed in a short time. Having all PowerPoint chapters ahead of time was very helpful
- The enthusiasm and knowledge of the instructors. It was a tremendous amount of information to learn in a short time. The instructors kept my interest while being able to effectively teach material I have never had experience with

Least Liked:

- The amount of time we were given to complete the course was too short. Need new visual presentation equipment
- I did not like that the class was only 5 weeks. I think that another week or so could have helped out a lot more. Covering 5 chapters in one day is a lot.
- The course was a little fast for me
- Course speed. It was not necessarily a problem but it was a lot to learn in a little time
- Not enough time to cover the material. It felt very rushed. I would feel more comfortable with more time. I would have liked to review the midterm and final tests after they were taken
- The visual aids really seemed to be an issue at times for our daily instructors and our guest instructors. Sort of a hit or miss if things would work as expected. The ease of changing the media really stinks. Instructor has to leave the classroom to switch than cross their fingers and hope that it worked. Any chair will become uncomfortable after hours of instruction

- The length of the course needs to be re examined. Learning everything in under 5 weeks was very difficult. While we are certainly prepared for the state exam, I believe that we would benefit from a longer class length. At times the audio and visual equipment was unreliable.
- Although every body passed, I feel that the course was very fast
- Some topics were covered in such a short amount of time that it was difficult to keep up with the reading
- Long lecture days. Short time period to cover material. Computer set up is a pain
- It was probably the bare minimum time to get the information down (obviously, state testing schedule created the time crunch). Sometimes the instructors had to deal w/uncooperative a/v equipment

Additional Comments:

- Instructors did a very good job with the limited time we had. They made the class and material interesting and sometimes fun
- Overall, an amazing class. Short on time, but we actually learn a ton of information. Personally, I have certain areas that I don't quite pick up as well as I would like. Collectively the class does well, I will have to work on "my" weaknesses, but know that our instructors are here to help us.
- The lectures go along great with the info from the text. Work book was a great tool
- Practical sessions are great but have the last ones before a test resemble the testing scenario more (i.e. Having students wear gloves, factor in equipment failures if that will be part of testing conditions, indicate if performance would be a pass/fail).
- The course was well taught. I would enjoy this type of learning environment on any other topics I need to learn. Would farter to an EM -I if I could ensure the same instructors.

Attachment: F
April 9, 2008 PDC Minutes

**Proposal from the
BLS Certification Test Committee**

Proposal to the Professional Development Committee

From the

Ad-hoc BLS Certification Test Committee

Motion: That the BLS Practical Exam for certification in the Commonwealth of Virginia be changed

to the following effective ~~July 1, 2009~~ no later than July 1, 2010:

1. Candidates would be tested individually.
2. The stations would be comprised of:
 - a. A trauma assessment station in which the FR & EMT candidate would complete a thorough hands-on assessment and voice-treat a moulaged patient.
 - i. The equipment in the station would be comprised of:
 1. Gloves
 2. Blood Pressure cuff
 3. Stethoscope & alcohol swabs
 4. Penlight
 5. Moulage Kit
 - ii. Staff required would be:
 1. One (1) evaluator
 2. One (1) moulaged patient
 - b. A medical assessment station in which the EMT candidate would complete a thorough hands-on assessment and voice-treat a moulaged patient.
 - i. The equipment in the station would be comprised of:
 1. Gloves
 2. Blood Pressure cuff

3. Stethoscope & alcohol swabs

4. Penlight

5. Moulage Kit

ii. Staff required would be:

1. One (1) evaluator

2. One (1) moulaged patient.

c. A random skills station. CTS's would staff enough random station rooms that could perform all of the skills. The FR or EMT candidate would approach a table with 6 (3 for the FR Candidate) cards randomly placed upside-down. They would choose a card and would then perform the skill listed on the card. The skills each candidate would need to be ready to perform would include:

i. Traction Splinting-EMT candidates only

1. Equipment would be comprised of :

a. Hare Traction Splint

b. Sager Splint

c. Kendrick Traction Device

2. Staff would be:

a. One (1) evaluator

b. One (1) patient

c. One (1) assistant

ii. Extremity Splinting-FR & EMT candidates

1. Equipment would be comprised of :

a. Board splints

b. Cravats

c. Velcro splints

d. SAM/Ladder Splints

e. Pillow

2. Scenarios would include:

a. Long bone fractures

i. Humerus

ii. Radius/ulna

iii. Tibia/fibula

b. Joint fractures/dislocations

i. Shoulder/clavicle

ii. Elbow

iii. Knee

iv. Ankle

3. Staff would be:

a. One (1) evaluator

b. One (1) patient

c. One (1) assistant

iii. Airway & ventilation-FR & EMT Candidates

1. Equipment:

a. Airway mannequin

b. Assorted nasal and oral airways

c. Bag-valve mask w/ reservoir & connection tubing

d. Oxygen tank/regulator

e. Suction

f. Yankauer suction tip

g. Flexible suction tips

2. Staff would be:

- a. One (1) evaluator**

iv. Bleeding & Wounds-FR & EMT Candidates

1. Scenarios would include

- a. Neck wounds**
- b. Extremity wounds**

2. Equipment:

- a. 4x4's**
- b. 5x9's**
- c. Kling**
- d. tape**
- e. Occlusive dressings**
- f. NRB**
- g. O2 tank regulator**
- h. Non-rebreather mask**

3. Staff would be:

- a. One (1) evaluator**
- b. One (1) patient**
- c. One (1) assistant**

v. Spinal Immobilization - Seated Patient-EMT candidates only

1. Equipment would be comprised of :

- a. Kendrick Extrication Device**
- b. Assorted sizes of C-collars**
- c. Padding (towels/cravats)**
- d. Roller gauze and tape**

2. Staff would be:

- a. One (1) evaluator**
- b. One (1) patient**
- c. One (1) assistant**

3. Candidates would correctly apply the device then verbalize movement to a backboard and further care

vi. Backboarding-EMT Candidates only

1. Equipment would be comprised of :

- a. One (1) Backboard without pins**
- b. One (1) Backboard with pins**
- c. 'Spider-straps'**
- d. Belts with speed-clips**
- e. Belts with loops**
- f. Cravats**
- g. CID**
- h. Padding (Towels/blankets/sheets)**
- i. Assorted c-collars**

2. Staff would be:

- a. One (1) evaluator**
- b. One (1) patient**
- c. One (1) Assistant**

Attachment: G
April 9, 2008 PDC Minutes

**Motion from the Pilot Steering
Ad-hoc Committee**

Proposal to PDC
from the
BLS Pilot Steering Committee

Motion: That PDC accept the Competency-based EMT Program as an alternative path to the traditional EMT-Basic Course with the following requirements:

1. Programs/Agencies/Instructors wishing to teach the Competency-based EMT Program will be required to follow the Competency-based Program Standards document (developed by the Office of EMS)
2. An EMT-Instructor must announce the course in accordance with the established OEMS Rules & Regulations and is ultimately responsible for the program.
3. A program/agency/instructor that met the requirements will be exempted from the requirement to have an EMT-Instructor present in the classroom at all times in the program.
4. ALS accredited programs must apply to the OEMS to add the BLS Competency-based option.

And that the Pilot Steering Committee be transitioned to a Competency-Based Peer Committee to meet quarterly and share best practices.